

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000064158 (7)**

1. Corporation Name  
**HOTELVIEW CORPORATION**



Principal Place of Business: 1800 S DIXIE HWY #3A BOCA RATON FL 33432 US

Mailing Address: 1800 S DIXIE HWY #3A BOCA RATON FL 33432-7463 US

3. Date Incorporated or Qualified: 09/15/1993

3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0442018

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: SELMAN, RANDY S, 1800 S DIXIE HWY, BOCA RATON FL 33432

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETE <input type="checkbox"/>	1.1 TITLE: P, D, CEO	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: SELMAN, RANDY S		1.2 NAME:	
STREET ADDRESS: 1800 S DIXIE HWY		1.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL 33432		1.4 CITY-ST-ZIP:	
TITLE: D	DELETE <input type="checkbox"/>	2.1 TITLE: VP/S, I/T, D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: SAPERSTEIN, ALAN		2.2 NAME:	
STREET ADDRESS: 1600 S. DIXIE HWY		2.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL 33432		2.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randy S. Selman Date: 4-28-97 Daytime Phone #: 561-367-8505

CR2E034 (9/96)